#### UNITED STATES BANRUPTCY COURT

Middle District of Pennsylvania

In re: THOMAS NILES GOLLICK, SR.

Case No. 1-18-03319-HWV

# CHAPTER 13 DEBTOR'S CERTIFICATIONS REGARDING DOMESTIC SUPPORT OBLIGATIONS AND SECTION 522(q)

Part I.	Certification Regarding Domestic Support Obligations (check no more than one)
	Pursuant to 11 U.S.C. Section 1328(a), I certify that:
	I owed no domestic support obligation when I filed my bankruptcy petition, and I have not been required to pay any such obligation since then.
	I am or have been required to pay a domestic support obligation. I have paid all such amounts that my chapter 13 plan required me to pay. I have also paid all such amounts that became due between the filing of my bankruptcy petition and today.
Part II	I. If you checked the second box, you must provide the information below.
	My current address:
	My current employer and my employer's address:
Part II	I. Certification Regarding Section 522(q) (check no more than one)
	Pursuant to 11 U.S.C. Section 328(h), I certify that:
	I have not claimed an exemption pursuant to §522(b)(3) and state or local law (1) in property that I or a dependent of mine uses as a residence, claims as a homestead, or acquired as a burial plot, as specified in §522(p)(1), and (2) that exceeds \$189,050.50* in value in the aggregate.
	I have claimed an exemption pursuant to §522(b)(3) and state or local law (1) in property that I or a dependent of mine uses as a residence, claims as a homestead, or acquired as a burial plot, as specified in §522(p)(1), and (2) that exceeds \$189,050.50* in value in the aggregate.
	nts re subject to adjustment on 04/25/25, and every 3 years thereafter with respect to cases commenced on or edate of adjustment.

#### Part IV. Debtor's Signature

I certify under penalty of perjury that the information provided in these certifications is true and correct to the best of my knowledge and belief.

Executed on  $\frac{9/30/33}{20}$ 

Mochelle Y. Harter

Debtor

Executring 
Thomas N. Lollick, Sr.

Ema N. Gellel L

Will

THOMAS N. GOLLICK, SR.

I, Thomas N. Gollick, Sr., of Delaware Township, Juniata County, Pennsylvania, declare this to be my last will and revoke any will previously made by me.

ITEM I I am a divorced man, with one adult son, Thomas N. Gollick, Jr.

ITEM II: I direct that all my just debts and funeral expenses, and all expenses of my last illness, shall be paid from my residuary estate as soon as practicable after my decease as a part of the expense of the administration of my estate.

ITEM III: I devise and bequeath my white gold and diamond ring to my son, Thomas N. Gollick, Jr., and I devise and bequeath the residue of my estate of every nature and wherever situate to Rochelle K. Harter.

ITEM IV: I direct that all taxes that may be assessed in consequence of my death, of whatever nature and by whatever jurisdiction imposed, shall be paid from my residuary estate as a part of the expense of the administration of my estate.

ITEM V: I appoint Rochelle K. Harter to be my executor.

ITEM VI: I direct that any fiduciaries appointed under this will shall not be required to give bond for the faithful performance of their duties in any jurisdiction.

Philpott Wilson LI 227 S. 100 II STOPE P.O. BOX 116 DUSCASSOS, PA 17020 (717) 834-3087

Jerry A. Philpott, Esq. Jennifer P. Wilson, Esq. IN WITNESS WHEREOF, I have hereunto set my hand this July 6, 2017, at Camp Hill, Cumberland County, Pennsylvania.

Thomas N. Gellick, Sr.

The preceding instrument, consisting of this and one other computer printed page identified by the signature of the testator, Thomas N. Gollick, Sr., was on the day and date thereof signed, published and declared by Thomas N. Gollick, Sr., the testator named therein, as and for his last will, in the presence of us, who, at his request, in his presence, and in the presence of each other have subscribed our names as witness hereto.

Holy Spirit Hospital
orthiza Hear Center

Holy Spirit Haspital

Philpott Wilson LI 227 N. BIGG STREET P.O. BOX 116 DI SCANNON, PA 17020 (717) 834-3087

Jerry A. Philpott, Esq. Jennifer P. Wilson, Esq. County of Perry Comberted

### **ACKNOWLEDGMENT**

I. *Thomas N. Gollick, Sr.*, the testator whose name is signed to the attached or foregoing instrument, having been duly qualified according to law, do hereby acknowledge that I signed and executed the instrument as my last will; that I signed it willingly; and that I signed it as my free and voluntary act for the purposes therein expressed.

Phomas N. Golliek, Sr.

## **AFFIDAVIT**

We. Latasha Walters and hather M Fallow the witnesses whose names are signed to the attached or foregoing instrument, being duly qualified according to law, do depose and say that we were present and saw the testator sign and execute the instrument as his last will; and that he signed willingly, and that he executed it as his free and voluntary act for the purposes therein expressed; and that each of us, in the hearing and sight of the testator, signed the will as witnesses; and that to the best of our knowledge, the testator was at that time eighteen (18) or more years of age, of sound mind and under no constraint or undue influence.

Holy Spirit Hospital Orthizio Heart Center

The above acknowledgment and affidavit were sworn to or affirmed and subscribed before me by Thomas N. Gollick, Sr., the testator, and Latacha Walters and Fritherne Mc Greller, witnesses, on Thursday, July 6, 2017.

Philpott Wilson 1.1 227 N. mod S100 t P.O. BOX 116 00 SCANSON, PA 17020 (717) 834-3087

Jerry A. Philpott, Esq Jennifer P. Wilson, Es COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
Jennifer P. Wilson, Notary Public
Duncannon Boro, Perry County
My commission expires October 12, 2018

## LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate: \$20.00



This is to certify that the information here given i correctly copied from an original Certificate of Deat duly filed with me as Local Registrar. The origins certificate will be forwarded to the State Vita Records Office for permanent filing.

Date Issued Local Registrar

		•				Sicreptory)	
-	72	298097	_			1	RAP THENT OF
		on Number					Manning!
ú	a/Pri men lect (				СОММО		CERTIFICAT
Ì		1. Decedent's Legal Name (i Thomas N Gollick S		e, Last, Suff	(m)		
ı		So, Ago-Last Sirthday (Yrs)			Sc. Under		6. Date of Birth (Mo)
I		65	Months	Cays	Hours	Minutes	Februa

Type/1				COMM						H - VITAL	ULCUKUS.						
Perm	k (n	•				CERTIF					State	File Number:	3270	31-2021			
		1. Decedent's Legal Name (First, Middl	t, Last,	Suffixi)				2. Sex Male	3. Soci	Security	Number	4. Date of D	eeun (Monta	00, 99991			
-	H	Thomas N Gollick Sr Se, Age-Lest Birthday (Yrs)   55, Under	1 Year	Sc. Under	1 Day	6. Date of 6			ell Month	70. 1	tholece (City a	February and State or F	areign Coun	rtry) :			
1.	ı	65 Months	Cay		Minut	=			:	Med	thelece (City hanlesbur	g. Penns	ylvania				
1	ŀ	Sa. Residence (State or Foreign Countr	d Number - Inch	February 07, 1956 7b. Birthplece (C ber - Include Apt No.) Sc. Did Decedent Use in a Younghip?					Cumberland								
1	ı	Pennsylvania		TEYES, decedent thred in Dolawa						re Township two							
-		Bd. Residence (County) Juniota		158 Farm le. Residence (		17094			. deceden	t Dead with	an limits of			city/bon			
1	ŀ	9. Ever in US Armed Forces?   110	Mert	el Status at Tin	ne of Dea	th Marrie	a ov	Vidowed	il Surviv	ng Spouse	's Name (If wil	e, give nome	prior to firs				
.1			<b>□</b> p⊷		Never I	Aerried [	Junknown			lo K. H		ware (Start)	Atlanta tana	Fried .			
Ш		(12, Fether / Parent's Name (First, Middle, Last, Sufftu)  13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last Peter Goillick Jr.  Clara Hoffman										mucue, cast,	, some				
11		14e. Informent's Name		tionship to Decedent 14c, Informent's Mailing Address (Street and Number, City, State, Zip Code 158 Farm Drive Thompsontown, PA 17094						ode)							
11 6	!	Rochelle K. Harter	50 15a, Floci	of Death (	Check only	m Unve	Inom	SAORIOWN,	PA 1709	4 ` `							
ll §	ľ	if Death Occurred in a Hospital:  [ ] Emergency Room/Outpatient	Inpe	itient ] Dead on Arri	1	If Death Occurr	ed Somewi g Home/Lo	nere Other	Then e Ho	eoltal:	Hospic Other (Specify)	e Fecility		cedent's Home			
A- RINGSAN DIRECTOR	ŀ	15b. Facility Name (if not institution, si	e stree	t and number	)	15c. City or Tox	en, State, e	nd Zip Code	,		Auer (Shering)	15d. Count	y of Death				
2	١,	Galainger-Lewistown Hospi 16e. Method of Disposition	tel _	(II) Cremet		Lewistown	, Penns			abilan (Na	me of cameres	Mifflin	. on other of	- loss			
}	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Removal from State		ation .		March 02,					lome, LLC	A' CLAIMEOLE	, or outer pr				
1	ŀ	Other (Specify)  16d, Location of Disposition (City or Tot	en. Stat	and Ziol		17a. Signature						ent [17b, Lic	ense Numbe				
}		Lewistown, Pennsylvania		V	S. 1.	Ran Curti				_		FD13	2.47				
11 #	١,	17c. Name and Complete Address of Fu	neral Fe	cility Brown	n Fune	ral Homes				~ <del></del>		1	<del></del>				
	1	111 Westfall Street Mc Alist	<u>ellivas</u>	<u>, Pennsyl</u>	<u>/anla 1</u>	7049 Decedent of H				20 0	ant's Bare - **	ark out on	MORE	to Indicate what			
	ŀ	highest degree or level of school compl	eted at	the time of de	ath. bo	u that best desc	ribes wheth	ner the deci	edent	the decec	lent considere	d himself or i	herself to be				
11	1	No diplorate, 9th - 12th grade			10	Spanish/Hispani or if decedent is	c/Letino. C not Spenish	heck the "N Vhispanic/I	lo" Letino.		or African Ame		Korea	n Imase			
П	1	Kigh school graduate or GED com Some college credit, but no degre	eteci		F		h/Hispanic/	Letino perican, Chi	-	Ameri	con Indian or A Indian	Jaska Native	Other	Asian Haweilan			
11	ı	Associate degree (e.g. AA, AS)				Yes, Puerto Ric	eri			Chine			Guam	entan or Chamorro			
11	ı	Bachelor's degree (e.g. 8A, AB, BS Master's degree (e.g. MA, MS, MS	ne. ME	d, MSW, MBA)	b	Yes, Cuben Yes, other Sper	nequitytes	ic/Latino		Filipin				m Pacific islander			
11	1	Doctorete (e.g. PhD, EdD) or Profe	esional	degree	Г	(Specify)				Other	(Specify)						
11	13	(e.g. MD, DD\$, DVM, I.I.S, (D) I1. Decedent's Single Race Self-Designs	ion - Ci	neck ONLY ON	to indic	ate what the de-	cedent cons	Idered him	self or he	self to be.	22a. Deceder	nt's Usual Oc	cupation - Ic	dicate type of work			
Н	1	White Black or African American	,	omen omen		Samoan	ific islande				done during	most of work	ung life. DO	MOT USE RETIRED.			
'	ı	American Indian or Alaska Native	_ <b>□</b> ∨	Tetnemese		Don't Kno	w/Not Sure	•			Machinis 22b. Kind of						
	1	Asien Indien Chinese	MN	icher Aslen Istive Hawaller	•	Other (So	ecify)				1						
L	T	Filiptno		uementan or C							Federal (						
		TEMS 256 - 24 MUST BE COMPLETED BY PERSON WIND PRONOUNCES OR		TIEMS 21s -24 MUST be COMPLETED 21s. Date Pronounced Dead (Mo/Day/\ everyone Pronounces On Centrific Death February 28, 2021							28b. Signature of Person Pronouncing Death (Only when applicable) 23c. Ucense Number						
1	Ŀ				2024			ture of Per	son Pronc	uncing De	BUT COMP WHE	1 mbhacatas)	23c. Ucer				
	12	3d. Date Signed (Mo/Day/Yr)	24. T	brusry 28, ime of Death	2021		Sireesi	na Vernu	ıri-Red	dy MD			MD45	3645			
1	2	13d. Date Signed (Mo/Day/Yr)	24. 1	bruary 28, ime of Death ::02	2021		Sireesi 25. Was M	ha Verni. Iedicəl Eusr	ıri-Red	dy MD		Yes Yes	1:	3645			
	-	36. Date Signed (Mo/Day/Yr)	12	ime of Death ::02	omollest	one-that direct	Sireesi 25. Was M OF DEAT	ha Vernt ledical Exar I'H	Jri-Red	dy MD oroner Co	ntacted?	M Yes	MD45	3645			
	-	26. Pers I. Even the ghain of eventu- respiratory arrest, or ventricular i	12	ime of Death ::02	omollest	one-that direct	Sireesi 25. Was M OF DEAT	ha Vernt ledical Exar I'H	Jri-Red	dy MD oroner Co	ntacted?	M Yes	MD45	3645 lo Approximete			
		26. Part I. Enter the <u>chalo of eventa-respiratory errest</u> . or ventricular i	12	ime of Death ::02 s, injuries, or c on without sho	omollest	ons—that direct attology. DO N	Sireesi 25. Was M OF DEAT by caused the	ha Verni ledicel Exer I'H ve deeth. D IATE. Enter	Jri-Red	dy MD oroner Co	ntacted?	M Yes	MD45	3645 lo Approximeté interval:			
	2	26. Part I. Enter the glain of eventa- respiratory arrest, or ventricular in IMMEDIATE CAUSE (Final disease or condition	12 12 disease brilled	ime of Death ::02 s, injuries, or c on without sho	omplicati wing the	ons—that direct attology. DO Ni Due to (or as	Sireesi 25. Was M OF DEAT by caused the	ha Verni ledicel Exer I'H ve deeth. D IATE. Enter	Jri-Red	dy MD oroner Co	ntacted?	M Yes	MD45	Approximeta interval: Ormet to Death 2 diays			
	2	26. Pert I. Enter the <u>chalc of exempta-</u> respiratory errest, or ventricular i MM4EDIATE CAUSE (Finel disease or condition resulting in death)	12 12 disease brilled	ime of Death ::02 s, injuries, or c on without sho	omplicati wing the	ons—that direct attology. DO Ni Due to (or as his	Sireesh 25. Was M OF DEAT by caused th OT ABBREV	ha Verni ledical Exar I'H w death. D IATE. Enter	Jri-Red	dy MD oroner Co	ntacted?	M Yes	MD45	Approximete interval: Oruse to Death 2 days 2 weeks			
	2	26. Part I. Enter the glade of exercise- respiratory arrast, or ventricular i MNAEDIATE CALIEE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause	12 12 disease brilled	ime of Death ::02 s, injuries, or c on without sho	omplicati wing the	ons—that direct attology. DO Ni Due to (or as	Sireesh 25. Was M OF DEAT by caused th OT ABBREV	ha Verni ledical Exar I'H w death. D IATE. Enter	Jri-Red	dy MD oroner Co	ntacted?	M Yes	MD45	Approximeta interval: Ormet to Death 2 diays			
	2	26. Part I. Enter the glain of events- respiratory errest, or ventricular i MANEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to the cause letted on time a. Enter the secondarium CAUSE	12 12 disease brilled	ime of Death ::02 s, injuries, or c on without sho	omplicati wing the	ons—that direct attology. DO Ni Due to (or as his	Sireesit 25. Was M OF DEAT by caused th or Assartiv a conseque a conseque	na Verni. Redical Exar I'H we death. D LATE. Enter mice off:	Jri-Red	dy MD oroner Co	ntacted?	M Yes	MD45	Approximate interval: Orset to Death 2 days			
2	2	26. Part I. Enter the glain of events- respiratory errest, or ventricular i MANEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to the cause letted on time a. Enter the secondarium CAUSE	12 12 disease brilled	ime of Death ::02 s, injuries, or c on without sho	omplicati wing the	ons—that directi etiology. DO Ni Due to (or as his	Sireesit 25. Was M OF DEAT by caused th or Assartiv a conseque a conseque	na Verni. Redical Exar I'H we death. D LATE. Enter mice off:	Jri-Red	dy MD oroner Co	ntacted?	M Yes	MD45	Approximate interval: Orașt to Desth 2 days			
SIIFER	2	26. Pert I. Enter the glain of scenta- respiratory errest, or ventricular i MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause letted on time e. Enter the	12 12 disease brilled	ime of Death ::02 s, injuries, or c on without sho	omplicati wing the	ons—that directi etiology. DO Ni Due to (or as his	Sireesi 25, Was M OF DEAT by caused th or Assacvi a conseque a conseque	his Vernit ledical Exar IH w death. O LATE. Enter thee off: www.off:	Jri-Red	dy MD oroner Co	ntected? al events such i line. Add edd	M Vas as cardiac ar litional lines	MD45	Approximate interval: Orset to Death 2 days			
CACRIFFE	2	26. Part I. Enter the glain of eventa- respiratory arrest, or ventricular i MANEDIATE CAUSE (Finel disease or cendition resulting in death) Sequentially list conditions, if any, leading to the cause leade on tine e. Enter the uscoperuring Causill (disease or injury that intitioted the events resulting	24. T 12 Ibrellett	ime of Death ::02 s, injuries, or c on without sho :DS	omplicationing the	ons—that direct etiology. DO No Due to (or as his) Due to (or as Due to (or as	Sireesi 25, Was M OF DEAT by caused th or Assacvi a conseque a conseque a conseque a conseque	his Vernit ledical Exar I'H we death. O LATE. Enter whise offi: whise offi: whise offi:	III-Rad niner or C O NOT en	dy MD organer Co ter termin cause on a	ntected? al events such i line. Add edd	X Yes as cardiac ar litional lines !	MD45	Approximate intervals or construction of the c			
3	2	26. Part I. Enter the ghain of events— respiratory arrest, or ventricular i MANEDIATE CAUSE (Final disease or conditions sequentially list conditions, fleny, leading to the cause listed on time a. Enter the succeptuality Cause listed on time a. Enter the succeptuality Cause into the cause listed on time a. Enter the succeptuality Cause (disease or injury that intitiend the events resulting in death) LAST.	24. T 12 Ibrellett	ime of Death ::02 s, injuries, or c on without sho :DS	omplicationing the	ons—that direct etiology. DO No Due to (or as his) Due to (or as Due to (or as	Sireesi 25, Was M OF DEAT by caused th or Assacvi a conseque a conseque a conseque a conseque	his Vernit ledical Exar I'H we death. O LATE. Enter whise offi: whise offi: whise offi:	III-Rad niner or C O NOT en	dy MD organer Co ter termin cause on a	ntected? al events such i line. Add edd	as cardiac ar littoral lines !	MD45	Approximate Approximate Interval: Oruse to Death 2 days 2 weeks			
3	2	26. Part I. Enter the ghain of events— respiratory arrest, or ventricular i MANEDIATE CAUSE (Final disease or conditions sequentially list conditions, fleny, leading to the cause listed on time a. Enter the succeptuality Cause listed on time a. Enter the succeptuality Cause into the cause listed on time a. Enter the succeptuality Cause (disease or injury that intitiend the events resulting in death) LAST.	24. T 12 Ibrellett	ime of Death ::02 s, injuries, or c on without sho :DS	omplicationing the	Orus to (or as  Due to (or as  us not resulting i	Siroesi 35. Was M OF DEAT y caused the or ABBREV  a conseque  a conseque  a conseque  conseque  conseque  a conseque  conseque	his Vennt. Redical Exact I'H we death. D LATE. Enter whee offi mose offi mos	Iri-Rad niner or C O NOT en r only one	dy MD organer Co ter termin cause on a	ntected?	as cardiac er litional lines i	MD45	Approximate interval: Oreset to Death 2 days 2 weeks			
3	2	26. Part I. Enter the ghain of systems respiratory arrest, or ventricular immediate description from the systems of the system	24. T 12 Ibrellett	ime of Death ::02 s, injuries, or c on without sho :DS	omplicationing the	One-thet directive to long. DO No	Sirosali 35. Was M OF DEAT by caused the or Assetziv a conseque a conseque a conseque a conseque a conseque a conseque a conseque	his Vermi. Redical Exar I'H we death. D LATE. Enter whee offi more offi more offi riving cause	Iri-Rad niner or C O NOT en r only one	dy MD organer Co ter termin cause on a	ntacted?  all events such fine. Add edd	as cardiac ar liktonal lines (27, W. 28, W. to c	MD45  I h  Treat,  If necessary	Approximate Approximate Interval: Oruse to Death 2 days 2 weeks			
Completed by: MEDICAL	2	26. Part I. Enter the ghain of screens respiratory arrest, or ventricular immediately and of screens respiratory arrest, or ventricular immediately in desth)  Sequentially list conditions, if any, leading to the cause letted on the a. Enter the stated on the a. Enter the stated on the a. Enter the stated of the counts resulting in death j.Asri.  26. Part II. Enter other significant one.  S. If Fernale:  [] Not pregnent withly past year in respirators to the county respiratory.	disease brilleri AR	ime of Death: :02 s, Injuries, or c s, Injuries, or c should shou	omplicationing the	Orus to (or as  Due to (or as  us not resulting i	Sirosali 35. Was M OF DEAT by caused the or Assetziv a conseque a conseque a conseque a conseque a conseque a conseque a conseque	his Vennt. Redical Exact I'H we death. D LATE. Enter whee offi mose offi mos	Iri-Rad niner or C O NOT en r only one	dy MD organer Co ter termin cause on a	ntected?  all events such time. Add edd  line. Add edd	as cardiac arrithmas lines l	MD45  In the second of the sec	Approximate interval: Oreset to Death 2 clays  2 weeks  2 weeks  2 weeks  2 weeks  2 weeks			
3	2	26. Part I. Enter the ghain of screens respiratory errest, or ventricular immediately and of screens respiratory errest, or ventricular immediately in desth)  Sequentially list conditions, if any, leading to the cause based on time a. Enter the unitarity list of the cause based on time a. Enter the unitarity list of the control indicated the events resulting in death] LAST.  26. Part II. Enter other algorithmic local programs with time of death not programs at time of death not programs to time of death not programs.	disease brilleti	ime of Death: :02 s, injuries, or c on without sho :DS  VID 19 pn  contribution u	omplicationing the	Due to (or as Du	Sirosali 35. Was M OF DEAT by caused the or Assetziv a conseque a conseque a conseque a conseque a conseque a conseque a conseque	ha Vernit ledical Exact I'H we death. O LATE. Enter whee offi more	Iri-Red niner or C O NOT en only one	dy MD oroner Co ter termin cause on a	stacted?  al events such line. Add edd  \$1.00 to the such add edd  \$2.00 to	as cardiac arrival lines (27, W)  27, W)  28. W to c	MD45  In the second of the sec	Approximate to the interval: Oruse to Death 2 days 2 weeks  ** **Partitional** ** **Parti			
Completed By: MEDICAL	2	26. Part L. Enter the glain of sventa- respiratory arrest, or ventricular i MINEDIATE CALIE [Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line e. Enter the LISTOPHINES CALIER (disease or injury that intitated the events resulting in death) LAST.  26. Part II. Enter other agentificant.com  S. If Fernale:  Stop pregnent within past year Prognant et time of death Not pregnent with pregnent with	disease brilleti	ime of Death: :02 s, injuries, or c on without sho :DS  VID 19 pn  contribution u	omplicationing the	Due to (or as Du	Sirosali 35. Was M OF DEAT y caused the or ASSATV a conseque a conseque a conseque a conseque to the under	ha Vermi ledical Exar FH we death. D LATE. Enter where offi more o	pri-Red miner or C O NOT en only one	dy MD oroner Co ter termin cause on a	stacted?  al events such line. Add edd  \$23. Manner o  Natural Accrate Suicide \$33. Time of in	as cardiac arrival lines (27, W)  27, W)  28. W to c	MD45  In the second of the sec	Approximate interval: Oreset to Death 2 clays  2 weeks  2 weeks  2 weeks  2 weeks  2 weeks			
Completed By: MEDICAL	3	26. Part I. Enter the ghain of screens respiratory errest, or ventricular immediately and of screens respiratory errest, or ventricular immediately in desth)  Sequentially list conditions, if any, leading to the cause based on time a. Enter the unitarity list of the cause based on time a. Enter the unitarity list of the control indicated the events resulting in death] LAST.  26. Part II. Enter other algorithmic local programs with time of death not programs at time of death not programs to time of death not programs.	disease hortilette. AR	ime of Death: :02 s, injuries, or c s, injuries,	omplicationing the	Due to (or as Du	Sirosali 35. Was M OF DEAT y caused the or ASSATV a conseque a conseque a conseque a conseque to the under	ha Vermi ledical Exar FH we death. D LATE. Enter where offi more o	pri-Red miner or C O NOT en only one	dy MD oroner Co ter termin cause on a	stacted?  al events such line. Add edd  \$1.00 to the such add edd  \$2.00 to	as cardiac arrival lines (27, W)  27, W)  28. W to c	MD45  In the second of the sec	Approximate interval: Oreset to Death 2 clays  2 weeks  2 weeks  2 weeks  2 weeks  2 weeks			
Completed By: MEDICAL	34	26. Part L. Enter the glain of eventa- respiratory arrest, or ventricular i MANEDIATE CALISE (Finel disease or cendition resulting in death) Sequentially list conditions, if any, leading to the cause lease or time a. Enter the leases or injury that intitioted the events resulting in death) LAST.  26. Part il. Enter other significant.com Not prepriet within past year Not prepriet within past year Not prepriet, but pregnent within Not prepriet, but pregnent within Not prepriet, but prepriet within the Not prepriet.	24. T 12 12 12 13 12 13 14 15 16 16 16 17 17 17 17 17 17 17 17 17 17 17 17 17	ime of Death: :02  a, injuries, or c on without she IDS  WID 19 pn  contribution is expressed death a year before d arr farm; school)	omplicationing the	Due to (or as Du	Siroesh  35. Was M  OF DEAT  ye caused the  or ABREVI  a conseque  a conseque  conseque  conseque  conseque  fright (Model)  Injury (Model)  35. Location	ha Vernit ledical Exact I'H we death. O LATE. Enter whee offi more	uri-Red miner or C O MOT en only one s given in o Death? pell Mant	dy MD oroner Co ter termin cause on a	stacted?  al events such line. Add edd  \$23. Manner o  Natural Accrate Suicide \$33. Time of in	as cardiac arrival lines (27, W)  27, W)  28. W to c	MD45  In the second of the sec	Approximate interval: Oreset to Death 2 clays  2 weeks  2 weeks  v performed?  If No inclines evaluate a cause of death?  No estigation			
Completed By: MEDICAL	34	26. Part I. Enter the ghain of strents- respiratory arrest, or ventricular i MMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to the cause based on time a. First the times or injury that initiated the events resulting in death) LAST.  26. Part II. Enter other algorithms. Doz in the conditions of the conditions or injury that in death) LAST.  8. If Fernale:    Not pregnent within past year   Pregnent at time of death   Not pregnent within respect to the   Not pregnent within the   Visit of the condition of the conditions of	24. T 12 12 12 12 12 12 12 12 12 12 12 12 12	ime of Death: :02 s, injuries, or c s, injuries, or c solutions sho :05  VID 19 pn  contribution u sys of death s year before d ar farm; school)	omplication of the state of the	Due to (or as Du	Siroesh  35. Was M  OF DEAT  ye caused the  or ABREVI  a conseque  a conseque  conseque  conseque  conseque  fright (Model)  Injury (Model)  35. Location	ha Vermi ledical Exar FH we death. D LATE. Enter where offi more o	uri-Red miner or C O MOT en only one s given in o Death? pell Mant	dy MD oroner Co ter termin cause on a	stacted?  al events such line. Add edd  \$23. Manner o  Natural Accrate Suicide \$33. Time of in	as cardiac arrival lines (27, W)  27, W)  28. W to c	MD45  In the second of the sec	Approximate interval: Oreset to Death 2 clays  2 weeks  2 weeks  v performed?  If No inclines evaluate a cause of death?  No estigation			
Completed By: MEDICAL	2 S	26. Part I. Enter the ghain of spendare respiratory arrest, or ventricular i MMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to the couse list of the	24. T 12 12 12 12 12 12 12 12 12 12 12 12 12	ime of Death: :02 s, injuries, or c on without sho :DS  IVID 19 pn  contributios to sys of death t year before d ar  farm; school) ry, Specify: Pedestrien Other (Specify:	omplicationing the	Due to (or se plus to	Siroesii  35. Was M OF DEA 1 y caused th OF ABBREVI  a conseque a conseque a conseque a conseque a conseque b conseque a conseque b conseque conseque conseque a conseque a conseque a conseque a conseque a conseque b conseque a conseque a conseque a conseque b conseque a conseque a conseque b conseque a conseque a conseque b conseque a conseque b conseque a conseque a conseque b conseque a conseque a conseque b conseque b conseque b conseque a conseque b conseque b conseque b conseque b conseque conseque b conseque conseque b conseque con	ha Vermi Hedical Exact I'H was death. D LATE. Enter thee offi more	pri-Red miner or C O NOT en only one o given in i	dy MD oroner Co ter termin cause on s  Part I	stacted?  al events such line. Add edd  \$23. Manner o  Natural Accrate Suicide \$33. Time of in	as cardiac arrival lines (27, W)  27, W)  28. W to c	MD45  In the second of the sec	Approximate interval: Oreset to Death 2 clays  2 weeks  2 weeks  v performed?  If No inclines evaluate a cause of death?  No estigation			
Completed By: MEDICAL	2 S	26. Part L. Enter the glasic of exercise- respiratory errest, or ventricular i MANEDIATE CALISE [Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on tine e. Enter the LINDERLYMOR CALISE (disease or injury that intiacted the events resulting in death) LAST.  26. Part II. Enter other agmittant.com Pregnant at time of death Not pregnent within past year Pregnant at time of death Not pregnent, but pregnent with Not pregnent, but pregnent within the 4. Place of injury (e.g. home; construct)  5. injury st Work  27. If Transportat  Yes  Driver/Operat  Not Constitute of Passenger  1 Yes  Driver/Operat  Passenger	24. T 12  disease birdieds bir	ime of Death: :02 s, injuries, or c s, injuries,	omplicationing the	One-thet direct etiology. DO Ni  Due to (or as  Lis  Due to (or as  Due to (or as  Due to (or as  Lis  Due to (or as	Siroesh  35. Was N  OF DEA  y, caused the  a conseque  b conseque  a conseque	ha Vernit ledical Example to the ledical Exam	pri-Red miner or C O NOT en only one o given in i	dy MD oroner Co ter termin cause on s  Part I	stacted?  al events such line. Add edd  \$23. Manner o  Natural Accrate Suicide \$33. Time of in	as cardiac arrival lines (27, W)  27, W)  28. W to c	MD45  In the second of the sec	Approximate interval: Oreset to Death 2 clays  2 weeks  2 weeks  v performed?  If No inclines evaluate a cause of death?  No estigation			
Completed By: MEDICAL	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	26. Part I. Enter the ghain of spendare respiratory arrest, or ventricular i interpretary in desth) sequentially list conditions, if any, leading to the course listing on time. Enter the listoperstyleng CALISE (disease or injury that intitioned the events resulting in death) LAST.  26. Part II. Enter other significant.com  B. If Fernale:    Not pregnent within past year   Pregnent at time of death   Not pregnent at time of death   Not pregnent within the   Unknown if pregnent within the    4. Place of injury (e.g. home; construction   Not   Presengent   Not   Presengent      Not   Presengent   Pregnent   Pregnent   Not   Pregnent   Pregnent	24. T 12 12 12 12 12 12 12 12 12 12 12 12 12	ime of Death: :02 s, injuries, or c on without sho :DS  VID 19 pn  contributios to sys of death t year before d ar  farm; school) ry, Specify: Pedestrien Other (Specify: Pedestrien other (Specify:	omplicationing the state of the	Due to (or se plus to	Sirosali  35. Was M OF DEA 1 ye caused the OF ABBREV  a conseque a conseque a conseque a conseque b conseque a conseque a conseque b conseque b conseque a conseque b	ha Vernit ledical Exact H ledical H ledi	pri-Rad miner or C O NOT en only one o besth? pell Mont (Street en	dy MD oroner Co ter termin cause on a  Part I  h) d Number	bi events such ine. Add edd	as cardiac are liktored lines in the lines i	MD45  Treat,  If necessary  Yes  Yes  Yes  Yes  The property  The proper	Approximate intervals or control of the control of			
Completed By: MEDICAL	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	26. Part I. Enter the glain of eventua- respiratory arrest, or ventricular i MANEDIATE CALISE (Finel disease or cendition resulting in death) Sequentially list conditions, if any, leading to the cause lease or the cause lease or inhary that intitioted the events resulting in death) LAST.  26. Part is. Enter other significant.cor  18. If Femiles 19. Not pregnent within past year 19. Pregnent at time of death 19. Hot pregnent within past war 19. Pregnent of time of death 19. Hot pregnent within the 19. Pregnent of time of death 19. Hot pregnent within the 19. Pregnent of time of death 19. Pregnent of time of	distante  distan	ime of Death: :02 a, injuries, or c on without she :DS  VID 19 pn  contribution if a year before d ar farm; school y, Spectric Pedeation Other (Spectric year percettiones on year percettiones of examination, of examination of examination	omplication of the control of the co	Due to (or as Du	Siroesh  35. Was M  OF DEAT  ye caused the  of ABREVI  a conseque  a conseque  a conseque  b conseque  fingury (Mo  35. Locatio  38. Describ  dical examile  and mante  and mant	ha Vermi ledical Exact I'H we death. O LATE. Enter thee offi more	pri-Rad miner or C O NOT en only one o besth? pell Mont (Street en	dy MD oroner Co ter termin cause on a  Part I  h) d Number	S3. Manner of Macdade S8. Time of in City, State, 29 and manner to, and place,	as cardiac are liktonal lines	MD45  Trest, If necessary  Yest are suppryoughts the belong time.  If the belong time is the belong time is the belong time.  If the belong time is the belong time is the belong time.	Approximate to the control of the co			
Completed by: MEDICAL	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	26. Part I. Enter the ghain of spenta- respiratory errest, or ventricular i MMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, If any, leading to the couse listed on line a. Enter the LISTORIANNES CAUSE (disease or injury that initiated the events resulting in death) LAST.  26. Part II. Enter other significant.cor Programs at time of death Not pregnent within past year Programs at time of death Not pregnent with regnent 45 o Unknown if pregnent within the 4. Place of injury (e.g. home; constructi No pregnent at the pregnent of the No Pressenge Cartifier - physicien, certified registe Cartifier - physicien, certified registe Cartifier of pregnent at the base of my l Programing & Cartifier - physicien, certified registe Cartifier of certifier, Stragefie. Vent	24.1 1.2 1.1 1.2 1.1 1.2 1.1 1.2 1.2 1.2 1	ime of Death: :02 s, injuries, or c on without sho :DS  VID 19 pn  contributios to sys of death t year before of sy ferm; school) ry, Specify: Pedestrier General Season of Seas	death  control  contr	Due to (or eachies)  Due to (o	Sirosali  35. Was M OF DEA 1 ye caused the OF ABBREV  a conseque a conseque a conseque a conseque b conseque a conseque a conseque b conseque b conseque conseque conseque b conseque c	his Vermit ledical Exact H ledical H	pri-Red miner or C O NOT en only one option in option opti	dy MD oroner Co ter termin cause on a  Part I  h) d Number	S3. Manner of Macdade S8. Time of in City, State, 29 and manner to, and place,	as cardiac ar liktored lines l	MD45  I necessary  I necessary  I necessary  Yes  Yes  Yes  Yes  Yes  He coupe(s) a  MD45364	Approximate intervals of the control			
Completed By: MEDICAL		26. Part I. Enter the glain of eventua- respiratory arrest, or ventricular i MANEDIATE CALISE (Finel disease or cendition resulting in death) Sequentially list conditions, if any, leading to the cause lease or the cause lease or inhary that intitioted the events resulting in death) LAST.  26. Part is. Enter other significant.cor  18. If Femiles 19. Not pregnent within past year 19. Pregnent at time of death 19. Hot pregnent within past war 19. Pregnent of time of death 19. Hot pregnent within the 19. Pregnent of time of death 19. Hot pregnent within the 19. Pregnent of time of death 19. Pregnent of time of	24. T 12 112 112 112 112 112 112 112 112 112	ime of Death: :02 a, injuries, or c on without sho IDS  WID 19 pn  contribution if a year before d a year before d ferm; school) ry, Specify: Pedestrien Other (Beach) re precitions (se, death oct my knowledge of examination pleiting Cause	death  control  death  control	Due to (or se Du	Sirosali  35. Was M OF DEA 1 ye caused the OF ABBREV  a conseque a conseque a conseque a conseque b conseque a conseque a conseque b conseque b conseque conseque conseque b conseque c	his Vermit ledical Exact H ledical H	pri-Red miner or C O NOT en only one option in option opti	dy MD oroner Co ter termin cause on a  Part I  h) d Number	S3. Manner of Macdade S8. Time of in City, State, 29 and manner to, and place,	as cardiac are litional lines lize litional lize litional lize litional lize litional lize litional lize litional lize li	MD45  Treat, If necessary  If necessary  Yes  Yes  Treat  Yes  Yes  Treat  Yes  Treat  Yes  MD45364  Speel (Mo/Ot 1, 2021)	Approximate interval: Orase to Death 2 days  2 weeks  2 weeks  2 weeks  1 No inclines evaluable reage of death?			
Completed By: MEDICAL	2 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	26. Part I. Enter the glain of exemisareapiratory errest, or ventricular in MAREDIATE CALISE  (Finel disease or conditions, if any, leading to the cause letted on time a. Enter the LUSPERLYMONG CALISE (disease or injury that intitoted the events resulting in death) LAST.  26. Part II. Enter other algorithm of the pregnant at time of death Not pregnant at the of death Not pregnant, but pregnant with Not pregnant, but pregnant within the A. Place of injury (e.g. home; construction of the pregnant of the Continue of the pregnant of the Continue of the Peasenger St. Injury at Work St. If Transportet Unitary the Continue of the Continu	24. T 12 112 112 112 112 112 112 112 112 112	ime of Death: :02 s, injuries, or c on without sho :DS  VID 19 pn  Contributios II  Exert before of ser  ferm; school) ry, Specify: Pedestrier Gest death ages prectitioner ige, death occur ige,	death  control of Death and a resident and a reside	Due to (or se his to	Siroesi  35. Was N  OF DEA  IN CAMBREV  a conseque  a conseque  a conseque  a conseque  a conseque  b conseque  a conseque  a conseque  a conseque  b conseque  a conseque  a conseque  a conseque  b conseque  a conseque  a conseque  b conseque  a conseque  a conseque  a conseque  a conseque  a conseque  b conseque  conseq	his Vermit ledical Exact H ledical H	pri-Red miner or C O NOT en only one option in option opti	dy MD oroner Co ter termin cause on a  Part I  h) d Number	S3. Manner of Macdade S8. Time of in City, State, 29 and manner to, and place,	27. Wese as cardiac are liktonal lines in lines	MD45  In rest, If necessary  I	Approximate interval: Approximate interval: Orase to Death 2 days 2 weeks 2 weeks 18 No Incline evaluate Include evaluate Inc			
Completed By: MEDICAL	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	26. Part I. Enter the glain of eventuaries prepiratory arrest, or ventricular i MNAEDIATE CALISE [Finel disease or cendition resulting in death)  Sequentially list conditions, if any, leading to the cause listed on tine e. Enter the UNIQUE AND SEQUENCE CALISE (disease or injury that intitioted the events resulting in death) LAST.  26. Part II. Enter other agenificant continued to the cause listed on tine e. Enter the Unique CALISE (disease or injury that intitioned the events resulting in death) LAST.  26. Part II. Enter other agenificant continued to the pregnent with Not pregnent with the Not pregnent, but pregnent with Not pregnent, but pregnent with the Unixone of pregnent preparent with the Californian of the Californian of the Californian of the Medical Esseniner/Corumer - On the Signature of certifier_Sirregia_Term Medical Esseniner/Corumer - On the Signature of certifier_Sirregia_Term Six Registrar a District Number 34-307	24. T 12 112 112 112 112 112 112 112 112 112	ime of Death: :02 s, injuries, or c on without sho :DS  VID 19 pn  Contributios II  Exert before of ser  ferm; school) ry, Specify: Pedestrier Gest death ages prectitioner ige, death occur ige,	death  control of Death and a resident and a reside	Due to (or se blas Due to (or se	Siroesi  35. Was N  OF DEA  IN CAMBREV  a conseque  a conseque  a conseque  a conseque  a conseque  b conseque  a conseque  a conseque  a conseque  b conseque  a conseque  a conseque  a conseque  b conseque  a conseque  a conseque  b conseque  a conseque  a conseque  a conseque  a conseque  a conseque  b conseque  conseq	his Vermit ledical Exact H ledical H	pri-Red miner or C O NOT en only one option in option opti	dy MD oroner Co ter termin cause on a  Part I  h) d Number	S3. Manner of Macdade S8. Time of in City, State, 29 and manner to, and place,	as cardiac are litional lines lize litional lize litional lize litional lize litional lize litional lize litional lize li	MD45  In rest, If necessary  I	Approximate interval: Approximate interval: Orase to Death 2 days 2 weeks 2 weeks 18 No Incline evaluate Include evaluate Inc			
Completed by: MEDICAL	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	26. Part I. Enter the glain of exemisareapiratory errest, or ventricular in MAREDIATE CALISE  (Finel disease or conditions, if any, leading to the cause letted on time a. Enter the LUSPERLYMONG CALISE (disease or injury that intitoted the events resulting in death) LAST.  26. Part II. Enter other algorithm of the pregnant at time of death Not pregnant at the of death Not pregnant, but pregnant with Not pregnant, but pregnant within the A. Place of injury (e.g. home; construction of the pregnant of the Continue of the pregnant of the Continue of the Peasenger St. Injury at Work St. If Transportet Unitary the Continue of the Continu	24. T 12 112 112 112 112 112 112 112 112 112	ime of Death: :02 a, injuries, or con without sho :05  VID 19 pn  Frontributios II  spar before dear  farm; school	omplicationing the second of t	Due to (or se blas Due to (or se	Siroes)  35. Was M OF DEAT y caused to OT ABBREVI  a conseque a conseque a conseque a conseque b conseque b conseque a conseque b co	ha Vermine Vermine of in ince of	ini-Red miner or C O NOT en only one o Death?  Death?  Death?  Citreet en or (Check o oursed at d oddy	dy MD oroner Co ter termin cause on a  Part I  h) d Number, sd; nly one]: the cause the time, de	S3. Manner o  S3. Manner o  Notural Accident S3. Time of in City, State, 2)	27. Wese as cardiac are liktonal lines in lines	MD45  In rest, If necessary  I	Approximate interval: Orase to Death 2 days  2 weeks  2 weeks  2 weeks  1 No inclines evaluable reage of death?			
Completed By: MEDICAL	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	26. Part I. Enter the glain of eventuaries prepiratory arrest, or ventricular i MNAEDIATE CALISE [Finel disease or cendition resulting in death)  Sequentially list conditions, if any, leading to the cause listed on tine e. Enter the UNIQUE AND SEQUENCE CALISE (disease or injury that intitioted the events resulting in death) LAST.  26. Part II. Enter other agenificant continued to the cause listed on tine e. Enter the Unique CALISE (disease or injury that intitioned the events resulting in death) LAST.  26. Part II. Enter other agenificant continued to the pregnent with Not pregnent with the Not pregnent, but pregnent with Not pregnent, but pregnent with the Unixone of pregnent preparent with the Californian of the Californian of the Californian of the Medical Esseniner/Corumer - On the Signature of certifier_Sirregia_Term Medical Esseniner/Corumer - On the Signature of certifier_Sirregia_Term Six Registrar a District Number 34-307	24. T 12 112 112 112 112 112 112 112 112 112	ime of Death: :02 a, injuries, or con without sho :05  VID 19 pn  Frontributios II  spar before dear  farm; school	omplicationing the second of t	Due to (or se his to	Siroes)  35. Was M OF DEAT y caused to OT ABBREVI  a conseque a conseque a conseque a conseque b conseque b conseque a conseque b co	ha Vermine Vermine of in ince of	ini-Red miner or C O NOT en only one o Death?  Death?  Death?  Citreet en or (Check o oursed at d oddy	dy MD oroner Co ter termin cause on a  Part I  h) d Number, sd; nly one]: the cause the time, de	S3. Manner o  S3. Manner o  Notural Accident S3. Time of in City, State, 2)	27. Wese as cardiac are liktonal lines in lines	MD45  In rest, If necessary  I	Approximate interval: Orase to Death 2 days  2 weeks  2 weeks  2 weeks  1 No inclines evaluable reage of death?			

H105-143 REV 11/2017-E

Desc

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF JUNIATA

SHORT CERTIFICATE

I, Alicia A. Seigler, Register of Wills in and for the Probate of Wills and Grant
Letters Testamentary County of Juniata, in the Commonwealth of Pennsylvania, do
hereby certify that on the 29th day of November, 2021, Letters Testamentary in common
form were granted by the Register of said County, on the estate of THOMAS N
GOLLICK, SR, late of DELAWARE TOWNSHIP in said county, deceased, to
ROCHELLE K HARTER,

And that same has not since been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said office at MIFFLINTOWN, PENNSYLVANIA, this 29th day of November, 2021.

Date of Death

February 28, 2021

File No.

3421-0154

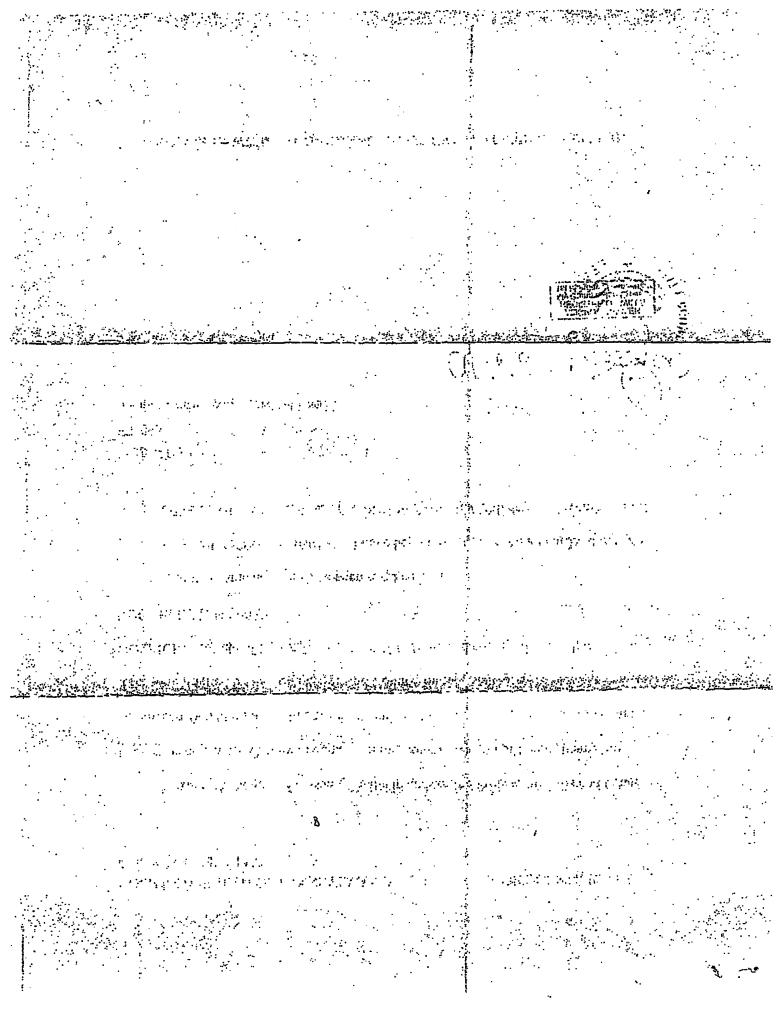
Social Security No.

-8632

Alicia A Seigler, Register of

REGISTER OF WILLS
My Commission Engines

NOT VALID WITHOUT ORIGINAL SIGNATURES AND IMPRESSED SEAL



Case 1:18-bk-03319-HWV Doc 37 Filed 11/06/22 Entered 11/06/22 12:30:16 Desc Main Document Page 8 of 8